



CALENDAR YEAR 2015

BUSINESS LOCATED IN THE TOWN OF LOVETTSVILLE, VA
BUSINESS, PROFESSIONAL AND OCCUPATIONAL LICENSE TAX ASSESSMENT FORM

*****Please review/update/complete all shaded areas below*****

BUSINESS NAME	
OWNER	
MAILING ADDRESS	
CITY, STATE, ZIP	

BUSINESS INFORMATION

BUSINESS PHONE NUMBER	
EMAIL ADDRESS	
SSN OR FEDERAL EMPLOYER IDENTIFICATION NUMBER	
BUSINESS LOCATION – PHYSICAL ADDRESS	
PLEASE PROVIDE A BRIEF DESCRIPTION OF BUSINESS ACTIVITIES AT THIS LOCATION:	

STATEMENT OF GROSS RECEIPTS AND TAX COMPUTATION

ROW	CALCULATION	Receipts	Tax Due
A	TOTAL GROSS RECEIPTS FOR CALENDAR YEAR 2014 (If this is a new business, enter estimated gross receipts for 2015)	\$ _____	\$34.00
B	SUBTRACT \$20,000 FROM ROW A	-\$20,000	
C	ADJUSTED GROSS RECEIPTS	\$ _____	
	IF ROW C IS ZERO OR LESS GO TO ROW E, OTHERWISE CALCULATE ADDITIONAL LICENSE TAX ON ROWS D		
D	MULTIPLY ROW C BY 0.0017 (\$0.17/\$100)	\$ _____	
E	TOTAL LICENSE TAX DUE BEFORE MARCH 1, 2015 (\$34 FROM ROW A + AMOUNT FROM ROW D)		\$ _____
F	AMOUNT DUE AFTER MARCH 1, 2015 (ROW E +10% LATE FEE)		\$ _____

DECLARATION

I DECLARE THAT THE STATEMENTS AND FIGURES GIVEN ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
SIGNATURE CEO/PARTNER/OWNER/OFFICER	DATE

BY **MARCH 1, 2015** RETURN THIS FORM AND CHECK PAYABLE TO:

TOWN OF LOVETTSVILLE
ATTN: TREASURER
PO Box 209
LOVETTSVILLE, VA 20180-0209

FOR OFFICE USE ONLY

2014 LICENSE	
2015 LICENSE	
DATE RECEIVED	
AMOUNT	
DATE ISSUED	
INITIALS	